

Please List **ALL** Prescribed and Over-the-Counter Medications taken on a Regular Basis

	<u>Medication Name</u>	<u>Purpose</u>	<u>Dosage Strength</u>
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		

**Please insert this form into the Emergency Medical Information Card Envelope**